

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031026

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4416

FILED SEP 10 1962

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 3748

3

4 0

5 1

6

7 1

8 2

9 4200

10

11

12 90-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

H. Y. Coulter MEDICAL CERTIFICATION

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City | | c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 321 West 51st Terrace | | d. STREET ADDRESS (If outside, give location) 321 West 51st Terrace Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) GEORGE KENNETH HAMILTON, SR. | | 4. DATE OF DEATH Month August Day 25 Year 1962 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5-11-1893 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President, Hamilton Food Brokerage Co. | | 11. BIRTHPLACE (City and state or country) Pittsburg, Kansas | |
| 13a. FATHER'S NAME George G. Hamilton | | 13b. MOTHER'S MAIDEN NAME Minnie F. Fletcher | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. [REDACTED] | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ASHD DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 14. NAME OF HUSBAND OR WIFE Dorothy H. Hamilton | | 17. INFORMANT Mrs. Dorothy H. Hamilton Address K. C. Mo. | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Kansas City, Mo. | |
| 21. I attended the deceased from 1950 to present and last saw him alive on Aug 20, '62 Death occurred at 11 15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE H. Y. Coulter (Degree or title) MD | |
| 22b. ADDRESS mission, Mo | | 22c. DATE SIGNED 8-5-62 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 8-28-62 | 23c. NAME OF CEMETERY OR CREMATORY Elmwood | 23d. LOCATION (City, town, or county) (State) Kansas City, Mo. |
| 24. FUNERAL DIRECTOR Freeman Mortuary ADDRESS Kansas City, Mo. | | 25. DATE RECD. BY LOCAL REG. 8-27-62 | |
| 26. REGISTRAR'S SIGNATURE Ruth Long | | | |

USE BLACK INK
OR
TYPEWRITER RIBBON

J.R. COULTER
5829 Woodson Rd

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. S. Freeman

Licensed Embalmer No. 2939

P. O. Address J. R. Coulter

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.